

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15299

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5536</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon (Rural) Lewis Twp</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY OR TOWN <u>Oregon (Rural)</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles north 1/2 mile west</u>				e. STREET ADDRESS (If rural, give location) <u>1 1/2 miles north 1/2 mile west</u>					
3. NAME OF DECEASED a. (First) <u>Virgil</u> b. (Middle) <u>N.</u> c. (Last) <u>Sipes</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 55</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb. 5, 1884</u>			
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>71</u>		11. YEAR <u>71</u>		12. IF UNDER 14 HRS. Hours <u>71</u> Min. <u>71</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Peter Sipes</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Floy Williams Sipes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Sipes</u> ADDRESS <u>1509 Sacramento St., Joseph Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MR. SIPES HAD BEEN DEAD SEVERAL DAYS BEFORE HE WAS FOUND.</u> DUE TO (c) <u>MR. SIPES HAD BEEN DIABETIC</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>260X</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>NOV.</u> , 19 <u>55</u> , to <u>NOV.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>NOV.</u> , 19 <u>55</u> , and that death occurred at <u>UNKNOWN</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. H.E. Callahan, CORONER HOLT CO. OREGON MO.</u>				23b. ADDRESS <u>OREGON MO.</u>		23c. DATE SIGNED <u>6/2/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-4-1955</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> ADDRESS <u>Oregon Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{no}em
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 312

P. O. Address Oregon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (P
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.